

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4786**

FILED DEC 11 1948
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4341 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
10 Yrs. (Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Nellie Grace Kruwel**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, **2 divorced Widowed**
6. (b) Name of husband or wife **Rev. John D. Kruwel**
6. (c) Age of husband or wife if alive **Dec 1882** years
7. Birth date of deceased **June 30 1882**
(Month) (Day) (Year)

8. AGE: Years **66** Months **4** Days **21**
If less than one day
hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

12. Name **Kane Goodin**

13. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **Augusta Woody**

15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. Max Kruwel** (Son)

(b) Address **4341 Benton Blvd.**

17. (a) **Burial** (b) Date thereof **11/24/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **STINE & MCCLURE**

(b) Address **3235 Gillham Plaza K.C., MO.**

19. (a) **11-23-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4341 Benton Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **X** **NO** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **21**
year **1948** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from
11 - 21 1948 to **11 - 21 1948**
that I last saw her alive on **11 - 21 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **26 hours**
Due to **Hypertension from**
arteriosclerosis **15 years**

Other conditions **Fibroid Uteri** **20 years**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Myron D. Jones (Specify type of place) **2**
While at work? (e) Means of injury

23. Signature **Myron D. Jones** (M. D. or other)
Address **3839 K St. Kc. 2 Mo** Date signed **11/24/48**

JUL 31 1951

3-2-29 24/51
also along R. J. Kuntz

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

L. J. Kuntz

Licensed Embalmer No.

1415

P. O. Address

150 W. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.